

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: LUGGAGE WITH VISUAL INSPECTION PANELS

Attorney Docket Number:: 04286.00117

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?: YES

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Donald
Middle Name:: E.
Family Name:: Godshaw
Name Suffix::
City of Residence:: Evanston
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 3030 Payne Street
City of mailing address:: Evanston
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60201

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrezj
Middle Name:: M.
Family Name:: Redzisz
Name Suffix::
City of Residence:: Wheeling
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 636 Sycamore Lane
City of mailing address:: Wheeling

State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60090

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Travel Caddy, Inc. d/b/a Travelon
Street of mailing address:: 333 E. Touhy Avenue
City of mailing address:: Des Plaines
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60018